

**IMPORTANT:  
FOR ANY CHANGES THIS  
FORM MUST BE SIGNED**

☐ CORPORATE NAME OR OFFICER(S) CHANGED BY CHARTER AMENDMENT

**New Corporate Officer(s):** \_\_\_\_\_  
 (Title & Social  
 Security Number) \_\_\_\_\_

☐ TRADE NAME CHANGED TO: \_\_\_\_\_

☐ BUSINESS' PHYSICAL LOCATION CHANGED TO: ☐ ADDITIONAL LOCATION

(Street)	(City)	(County)	(State)	(Zip Code)

☐ MAILING ADDRESS CHANGED TO: (ATTENTION: ALL SCESC CORRESPONDENCE WILL BE MAILED TO THIS ADDRESS.)

(Street/P.O. Box)	(City)	(County)	(State)	(Zip Code)
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☐ BUSINESS CLOSED (no longer in business)

**Date of Final Payroll:** \_\_\_\_\_

☐ BUSINESS SOLD #      ☐ PARTIAL      ☐ TOTAL (ALL)

Date of Sale: \_\_\_\_\_

(Month/Day/Year)

(\* If checked, complete ITEM #2)

☐ CHANGE IN LEGAL ENTITY \* (i.e., incorporated, partnership change, etc.)

Date of Change: \_\_\_\_\_

(Month/Day/Year)

(\*) If checked, complete ITEM #2)

☐ NEW TELEPHONE NUMBER: \_\_\_\_\_

If your business closed or a change in ownership or legal entity occurred during the period covered by this Contribution Report, written notice of such change must be submitted to the S.C. Employment Security Commission within 30 days from the end of the quarter during which the change occurred. SEPARATE REPORTS MUST BE FILED BY DIFFERENT OWNERSHIPS. (For each ownership, such separate report should cover only that part of the quarter for which it operated.)

Name: \_\_\_\_\_ New FID Number: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY

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TRUE AND CORRECT TO THE BEST OF MY  
KNOWLEDGE AND BELIEF:**

3. ANY OTHER CHANGE. EXPLAIN (i.e., nature of business, etc.)

By: \_\_\_\_\_

**Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

**Date:** \_\_\_\_\_